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DATE: April 4, 2006

PTO IDENTIFIER: Application Number 10/765,437-Conf. #1536
Patent Number

Inventor: Wade Spital

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Michael E. Woods *MEW*

PHONE: (415) 388-0830

Attorney Dkt. #: 20056-7002

PAGES (Including Cover Sheet): 3

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PTO/SB/81 (01-06)

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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | | 10/765,437-Conf. #1536 | |
| | Filing Date | | January 26, 2004 | |
| | First Named Inventor | | Wade Spital | |
| | Title | WEIGHT-CONTROLLED MOTORIZED VEHICLE | | |
| | Art Unit | 3618 | | |
| | Examiner Name | J. Walters | | |
| Attorney Docket No. | | 20056-7002 | | |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 35939

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|--------------------|-----------|----------------|
| Signature | <i>Wade Spital</i> | Date | April 4, 2006 |
| Name | Wade Spital | Telephone | (707) 765-2682 |
| Title and Company | Inventor | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

PTO/SB/97 (09-04)

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Application No. (if known): 10/765,437

Attorney Docket No.: 20056-7002

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